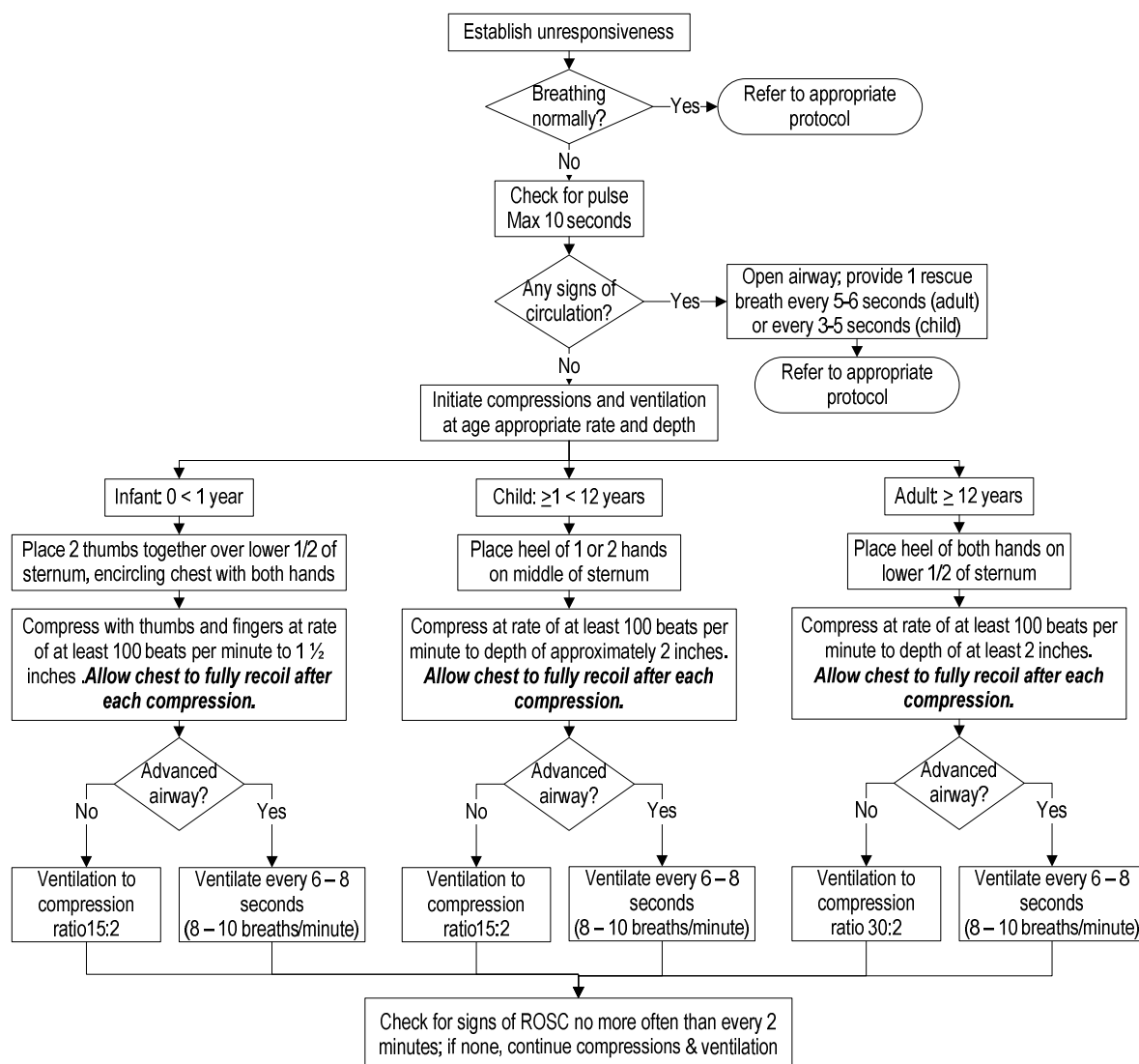


Initial: 12/11/02
Reviewed/revised: 5/16/12
Revision: 4

**MILWAUKEE COUNTY EMS  
PRACTICAL SKILL  
CARDIOPULMONARY  
RESUSCITATION**

Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1

Purpose:		Indications:	
To attempt to establish return of spontaneous circulation and respiration in a patient in cardiorespiratory arrest.		Patient is in cardiorespiratory arrest.	
Advantages:	Disadvantages:	Complications:	Contraindications:
Provides circulation and respiration during cardiorespiratory arrest	None	Possible chest trauma	Patient has pulse and respiration Patient meets any of the following criteria: valid DNR or POLST order, decapitation, rigor mortis, extreme dependent lividity, tissue decomposition, fire victim with full thickness burns to 90% or greater body surface area, or patient meets hypothermia criteria for withholding resuscitative measures



**NOTES:**

- The rescuer performing chest compressions should switch at least every 2 minutes.
- All ventilations should be 1 second in duration.
- When an advanced airway is in place, continue compressions non-stop **without** pausing for ventilation.
- Chest compressions should be done as follows: **push hard and fast, releasing completely.**
- The risk and benefit of providing CPR in a moving vehicle must be weighed on a case by case basis.
  - Providing compressions in a moving vehicle exposes the rescuer to potential injury.
  - Chest compressions in a moving vehicle are known to be less effective.

Initial: 10/17/12
Reviewed/revised:
Revision:

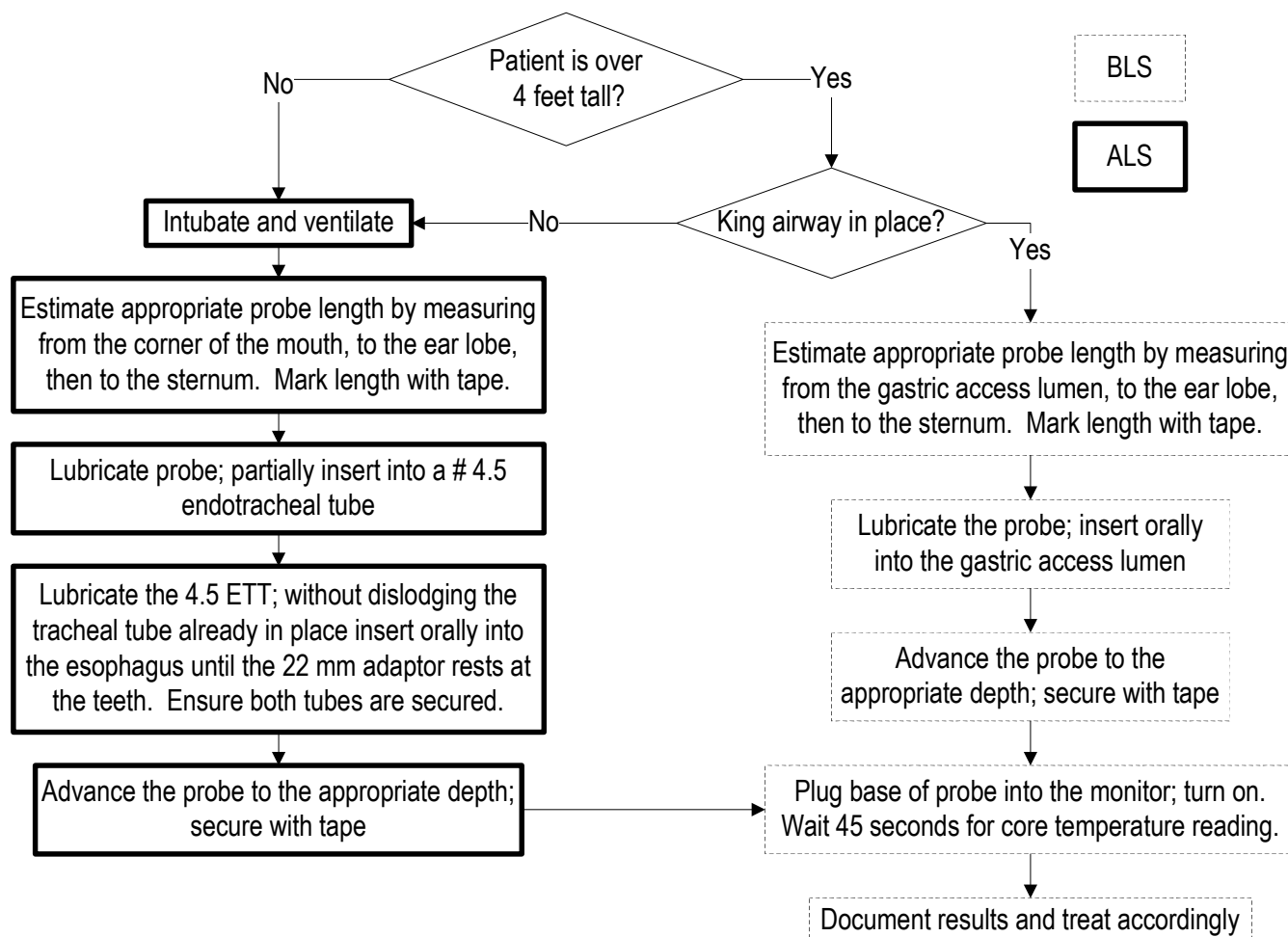
**MILWAUKEE COUNTY EMS  
PRACTICAL SKILL  
ESOPHOGEAL PROBE PLACEMENT  
FOR CORE TEMPERATURE MEASUREMENT**

Approved: M. Riccardo Colella, DO, MPH, FACEP

Page 1 of 1

<b>Purpose:</b> To obtain core temperature of suspected hypothermic patient		<b>Indications:</b> Cardiac arrest, medical or traumatic	
<b>Advantages:</b> Minimal training required Rapid insertion	<b>Disadvantages:</b> Gag reflex must be absent Patient must be unconscious Does not protect from aspiration	<b>Complications:</b> Possible trauma to airway or esophagus	<b>Contraindications:</b> Known esophageal disease or trauma Upper airway trauma or bleeding Intact gag reflex Caustic ingestion

Proper placement of the continuous temperature monitor can only be accomplished if the patient is being successfully ventilated through an endotracheal tube or a King LTS-D, size 3 or larger. The monitor is capable of detecting a temperature range from 63°F to 113°F and can convert from Fahrenheit to Celsius.

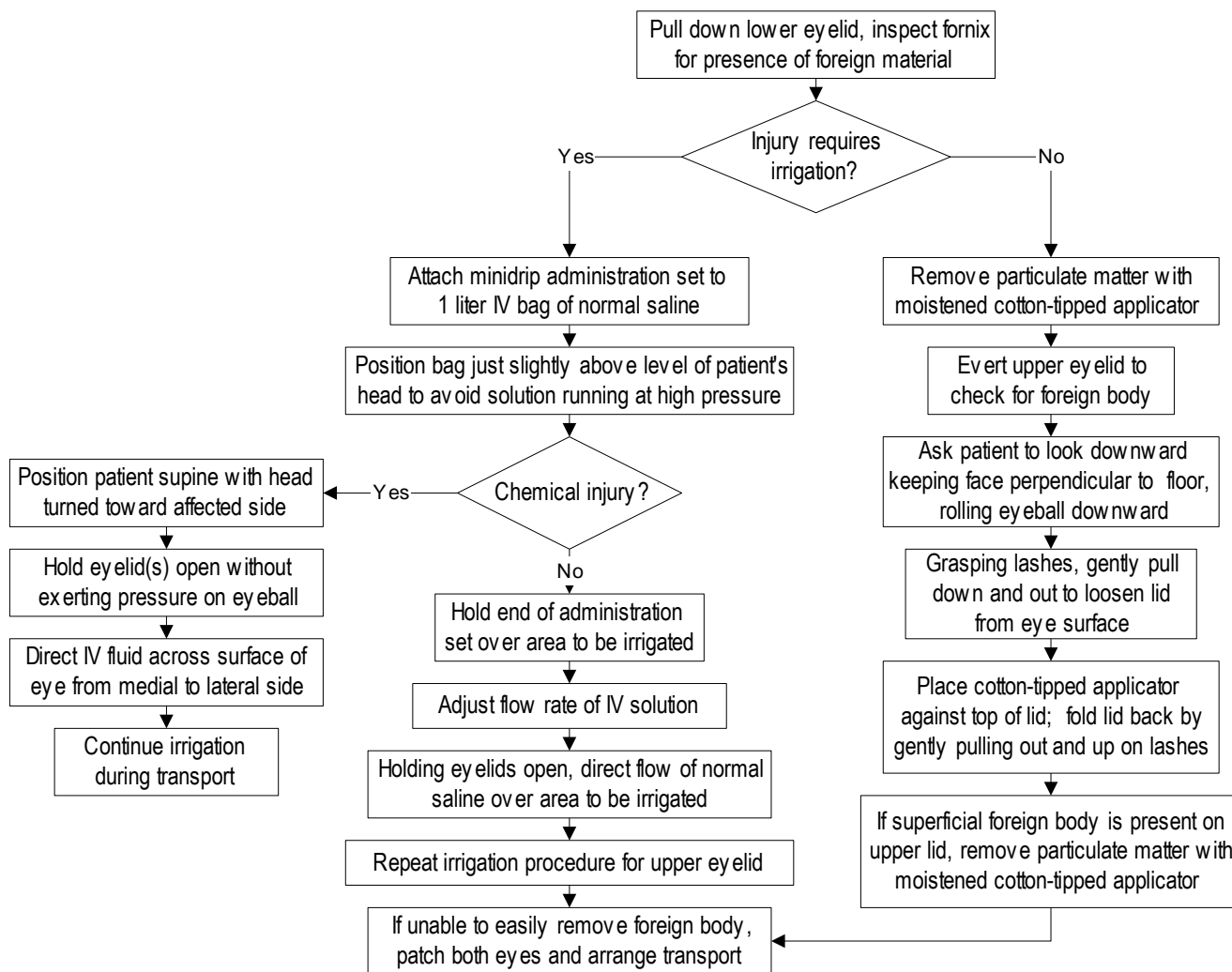


Initial: 9/92
Reviewed/revised: 5/10/00
Revision: 2

**MILWAUKEE COUNTY EMS  
PRACTICAL SKILL  
FOREIGN MATERIAL IN EYE**

Approved by: Ronald Pirrallo, MD, MHSA
Signature: _____
Page 1 of 1

<b>Purpose:</b> To evaluate and remove foreign body or chemical from the anterior surface of the eye		<b>Indications:</b> Patient presents with foreign material on the anterior surface of the eye	
<b>Advantages:</b> Decreases discomfort of foreign body in the eye Prevent further injury	<b>Disadvantages:</b> May intensify injury if not easily removed	<b>Complications:</b> Ocular injury from tip of the irrigating line or from pressure from the fluid stream Vagal stimulation due to ocular pressure	<b>Contraindications:</b> Ruptured globe



**NOTES:**

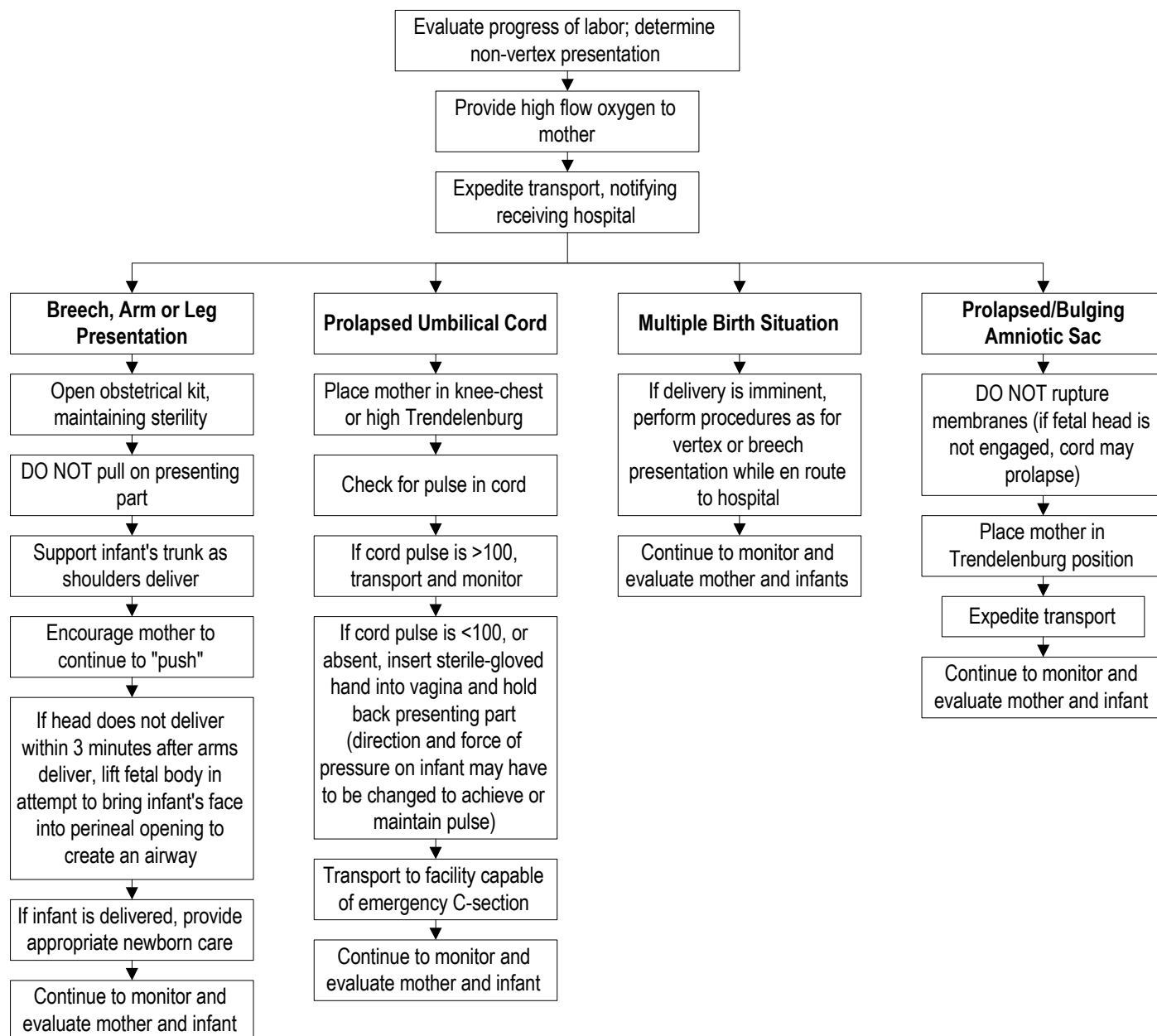
- Use at least one liter of normal saline to flush each eye.

Initial: 9/92
Reviewed/revised: 2/23/13
Revision: 2

**MILWAUKEE COUNTY EMS  
PRACTICAL SKILL  
LABOR/DELIVERY  
NON-VERTEX PRESENTATION**

Approved: M. Riccardo Colella, DO, MPH, FACEP
Page 1 of 1

<b>Purpose:</b>	<b>Indications:</b>
To evaluate and assist a woman in labor as necessary when the infant's position is not vertex	Patients in labor with imminent delivery and infant not in the vertex position



**NOTES:**

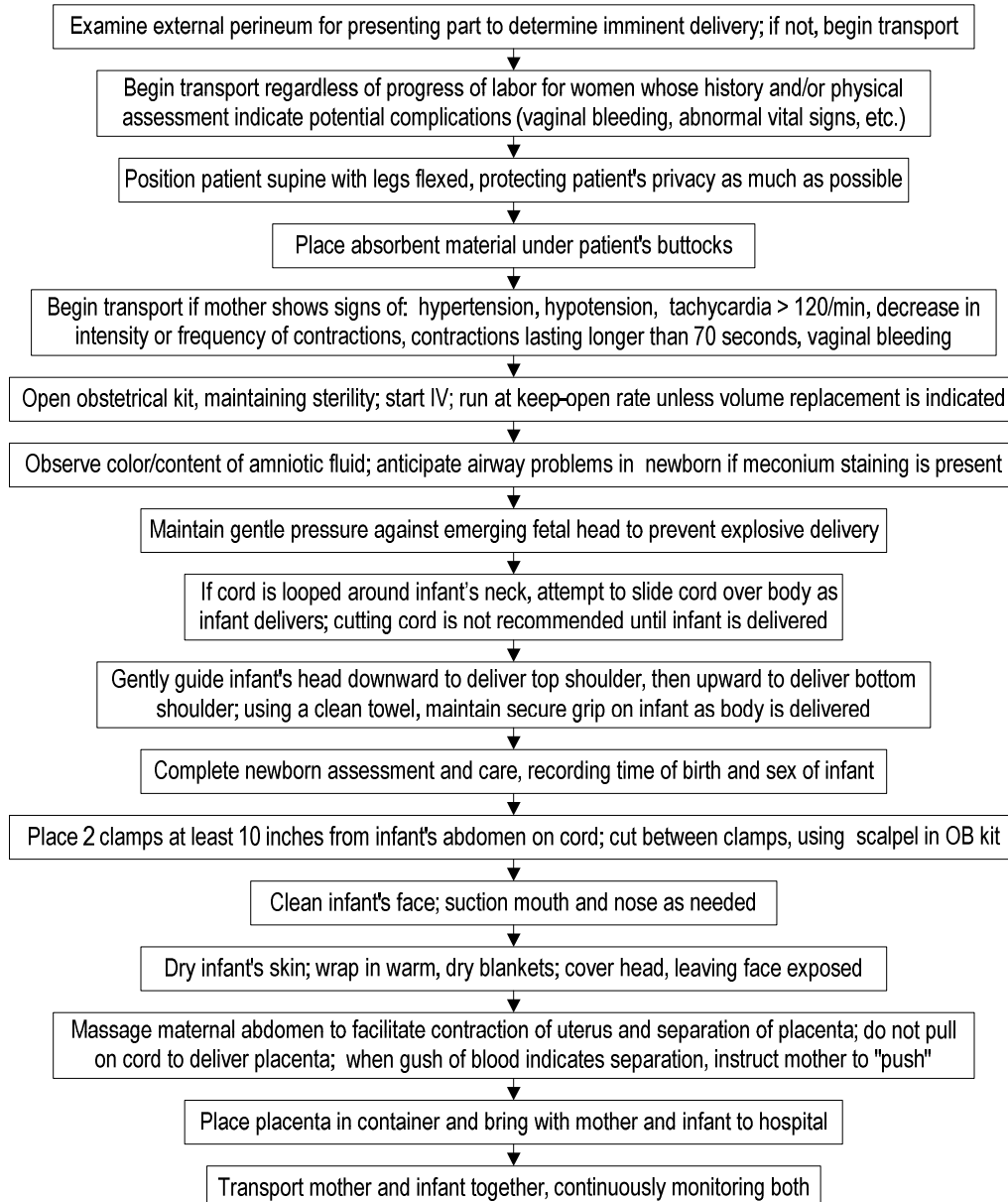
- IV lines should only be started when their need is critical and they will not delay transport.

Initial: 9/92
Reviewed/revise: 2/23/13
Revision: 3

**MILWAUKEE COUNTY EMS  
PRACTICAL SKILL  
LABOR/DELIVERY  
VERTEX PRESENTATION**

Approved by: M. Riccardo Colella, DO, MPH, FACEP
Page 1 of 1

<b>Purpose:</b>	<b>Indications:</b>
To monitor and assist in the obstetrical delivery of an infant in the vertex position	Patients in labor with imminent delivery and infant in the vertex position



**NOTE:**

Acquire APGAR score at one and five minutes after birth

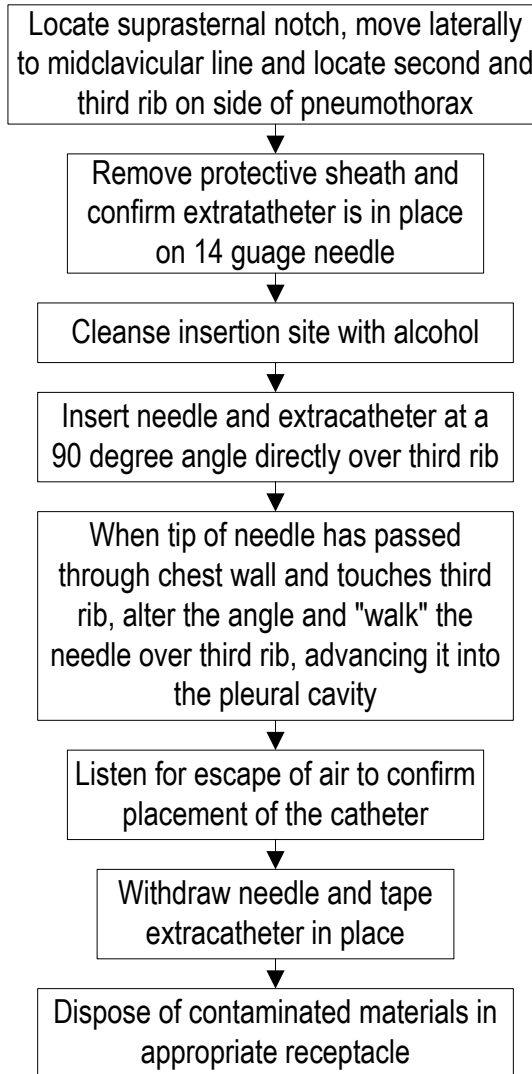
CRITERIA	0 POINTS	1 POINT	2 POINTS
Appearance (color)	Cyanotic	Body pink, extremities cyanotic	Pink
Pulse	Absent	Less than 100/minute	More than 100/minute
Grimace (response to suctioning)	None	Weak	Vigorous
Activity (muscle tone)	Limp	Weak	Vigorous
Respiratory Effort	None	Slow, irregular	Strong, crying

Initial: 9/92
Reviewed/revised: 10/14/09
Revision: 3

**MILWAUKEE COUNTY EMS  
PRACTICAL SKILL  
NEEDLE THORACOSTOMY**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

<b>Purpose:</b> To provide an open vent into the pleural space to decompress suspected tension pneumothorax		<b>Indications:</b> Patients presenting with suspected tension pneumothorax
<b>Advantages:</b> Decompresses tension pneumothorax Facilitates ventilation	<b>Complications:</b> Intercostal artery injury iatrogenic pneumothorax if original diagnosis was incorrect	<b>Contraindications:</b> None if patient meets clinical criteria



**NOTES:**

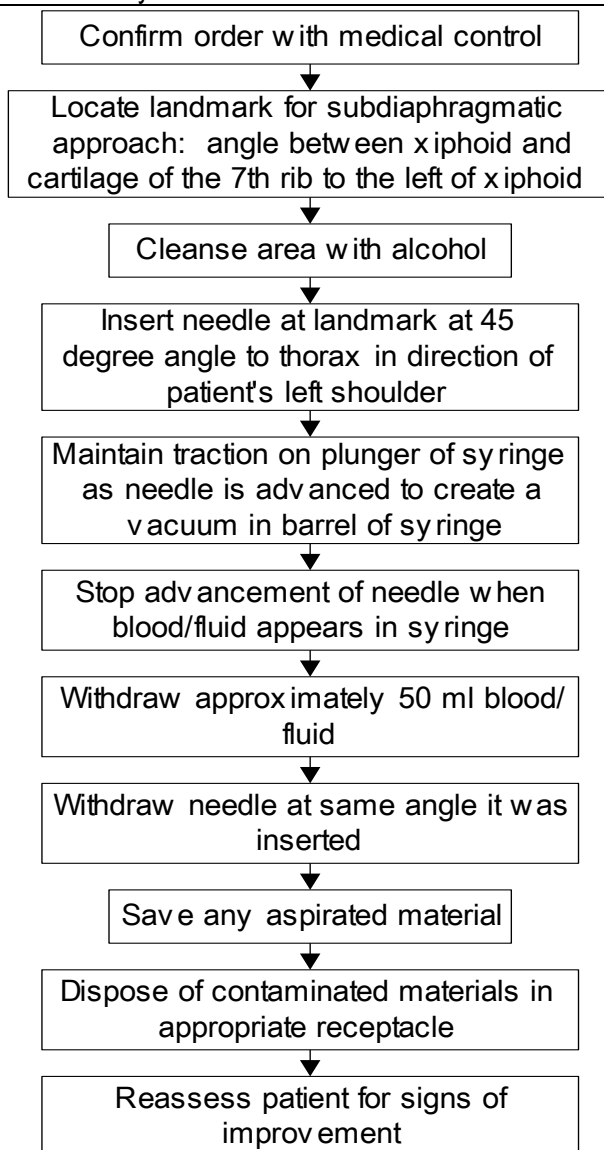
- *Signs/symptoms of a tension pneumothorax:* restless/agitated; increases resistance to ventilation; jugular vein distention; severe respiratory distress; decreased or absent breath sounds on the affected side; hypotension; cyanosis; tracheal deviation away from the affected side
- *Indications that procedure was successful:* increase in blood pressure; loss of jugular vein distention; decreased dyspnea; easier to ventilate patient; improved color

Initial: 9/92
Reviewed/revised: 5/21/08
Revision: 2

**MILWAUKEE COUNTY EMS  
PRACTICAL SKILL  
PERICARDIOCENTESIS**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

<b>Purpose:</b> To remove blood or fluid from the pericardial sac		<b>Indications:</b> Pulseless, apneic patients with signs/symptoms of pericardial tamponade
<b>Advantages:</b> Removes blood or fluid from the pericardial sac	<b>Complications:</b> Damage to the left anterior descending coronary artery Pneumothorax Laceration of myocardium	<b>Contraindications:</b> Any patient with pulses



**NOTES:**

- Signs/symptoms of pericardial tamponade are: hypotension, tachycardia, distended neck veins, narrow pulse pressure, lack of pulses with CPR.

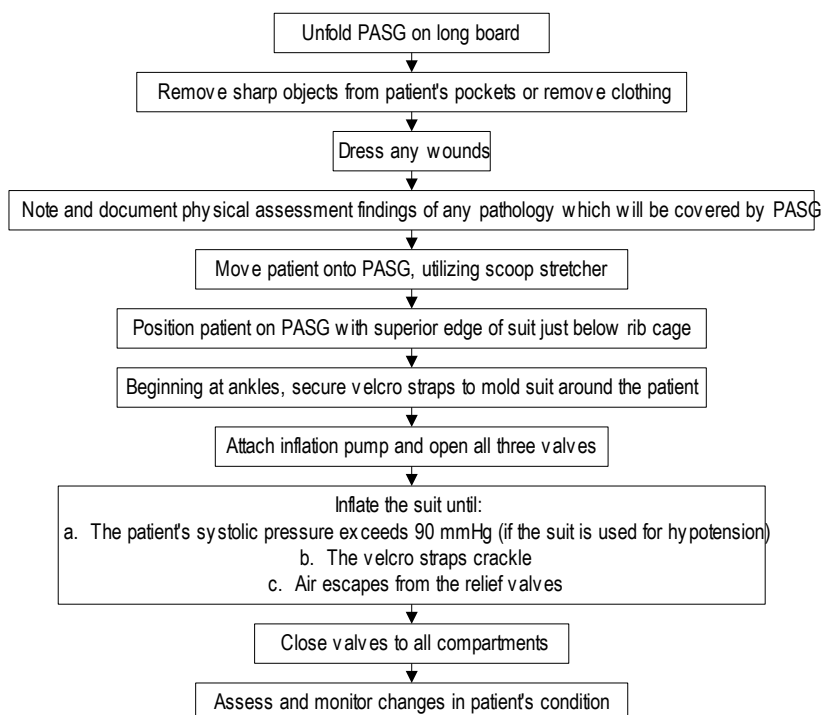
Initial: 9/92
Reviewed/revised: 5/12/04
Revision: 3

**MILWAUKEE COUNTY EMS  
PRACTICAL SKILL  
PNEUMATIC ANTI-SHOCK  
GARMENT (PASG) (MAST)**

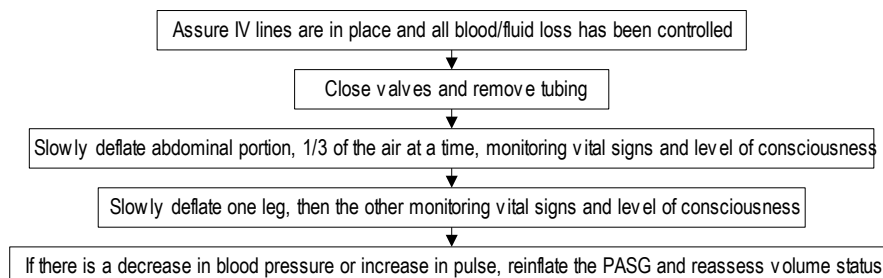
Approved by: Ronald Pirrallo, MD, MHSA
Signature: _____
Page 1 of 1

<b>Purpose:</b>		<b>Indications:</b>	
To increase intra-abdominal/intra-pelvic pressure and peripheral vascular resistance To provide rigid stabilization for suspected pelvic and/or lower extremity fractures		Suspected abdominal aortic aneurysm Suspected pelvic and/or femur fracture Extensive soft tissue injuries to lower extremities	
<b>Advantages:</b>	<b>Disadvantages:</b>	<b>Complications:</b>	<b>Contraindications:</b>
Increased arterial blood pressure Increased venous return to the heart Increased/stabilized cardiac output Decrease of hemorrhage under the garment Stabilization of fractures	Covers abdomen, pelvis and lower extremities, obscuring visualization	Increase in hemorrhage in areas not covered by garment Application may delay transport	<u><i>Absolute Contraindications</i></u> Pulmonary edema/CHF Penetrating thoracic injury Thoracic aneurysm or dissection <u><i>Contraindications to abdominal inflation:</i></u> Abdominal evisceration Acute abdominal distention Impaled object in abdomen 3 <sup>rd</sup> trimester pregnancy

***INFLATION***



***DEFLATION***



**NOTES:**

- Deflation should be stopped anytime the patient's systolic pressure falls more than 5 mmHg or pulse increases by more than 5 beats/minute or there is any change in level of consciousness.

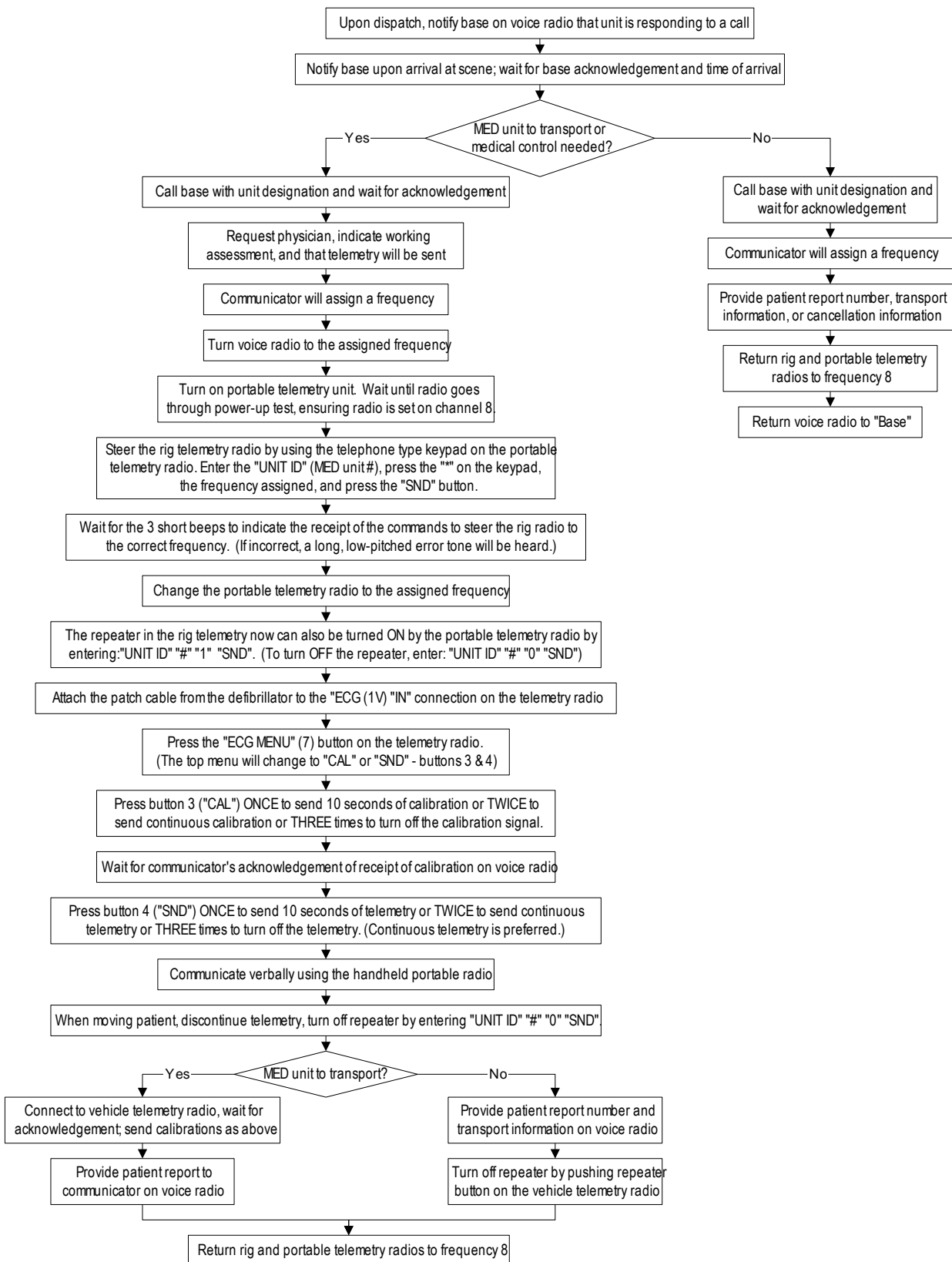


Initial: 9/92
Reviewed/revised: 9/12/01
Revision: 3

**MILWAUKEE COUNTY EMS  
PRACTICAL SKILL  
RADIO COMMUNICATION**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

**Purpose:** To establish contact with and communicate information to the paramedic Communications Center.



Initial:
Reviewed/revised:
Revision:

**MILWAUKEE COUNTY EMS  
PRACTICAL SKILL  
RADIO REPORT ELEMENTS  
TO BASE/RECEIVING HOSPITAL**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

**Policy:** Paramedics will provide a patient report to the base. The communicator will then forward the patient information to the receiving hospital. Some information collected is needed for all patients; some additional information is more helpful depending on the chief complaint and whether the patient is stable or not.

Necessary information on all patients given in the following order:

- Transporting unit
- Case number
- Receiving hospital
- Age and sex
- Chief complaint
- Most recent set of vitals
  - Complete BP is preferred; palpate if necessary
  - Pulse
  - Respiratory rate/breath sounds
  - Mental status (AVPU) or GCS if trauma patient
  - Pupils
- ECG rhythm
- Skin temperature, color, moisture (if applicable)
- IV – yes or no; if patient is unstable with no IV, indicate why there is no IV established
- O2
- SPO2, ETCO2
- Working Assessment (protocol followed)
- Pertinent medical history related to patient's present chief complaint (when relevant)
- Treatment/Interventions provided
  - Medications administered
  - Procedures initiated (c-spine precautions, etc.)
- Results of treatment/interventions
- Estimated time of arrival

“Nice to have” information:

- Patient's cardiologist (if patient is having a cardiac event)
- If enrolled in research protocol

Information that can wait until hospital arrival:

- Patient's medications – unless patient OD'd on one of them
- Patient's allergies – unless it's a medication the patient is likely to receive in the ED

**Sample patient report to the base:**

Med unit: MED (#) requesting channel for report

Communicator: MED (#) go to frequency # and stand by

When acknowledged, MED unit will provide report as follows:

MED unit: We are en route to (receiving hospital) with a \_\_\_\_-year-old (male/female) complaining of \_\_\_\_.

Patient has BP of \_\_/\_\_, pulse of \_\_, and respiratory rate of \_\_ with \_\_ (breath sounds). Mental status is \_\_. ECG rhythm is \_\_.

ALS interventions include \_\_ (IV, ET, medications, etc.). Procedures performed include \_\_ (C-spine precautions, O2, etc.).

Results \_\_ (Patient has/has not improved). ETA is \_\_\_\_ minutes.

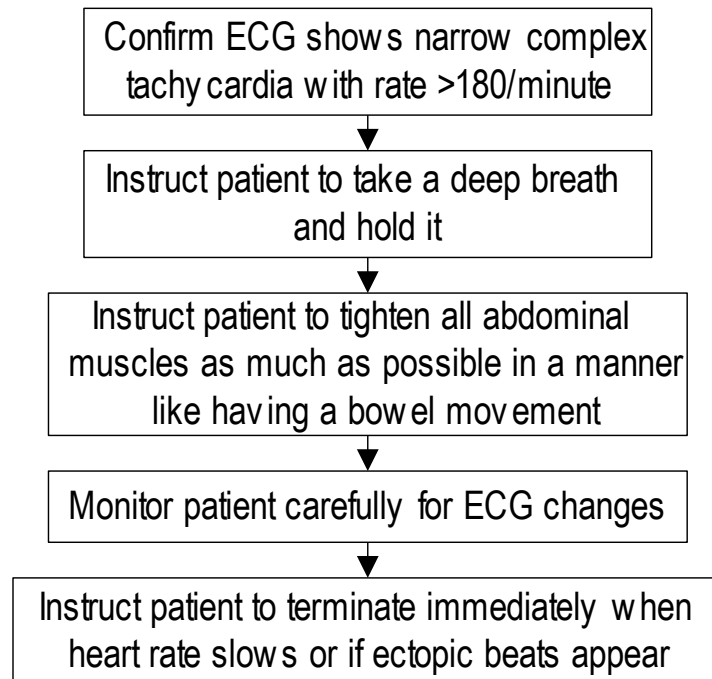
**NOTE:** This policy is also policy 10-2.4 in MCEMS Communications Manual.

Initial: 5/10/00
Reviewed/revised:
Revision:

**MILWAUKEE COUNTY EMS**  
**PRACTICAL SKILL**  
**VAL SALVA MANEUVER**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

<b>Purpose:</b>		<b>Indications:</b>	
To terminate supraventricular tachyarrhythmia		Supraventricular tachyarrhythmia	
<b>Advantages:</b>	<b>Disadvantages:</b>	<b>Complications:</b>	<b>Contraindications:</b>
Slows the heart to allow for adequate refill time and greater cardiac output	None	Ectopic beats	Patient unable to follow instructions Patient is hemodynamically unstable



**NOTES:**

- The patient must be monitored during the procedure and the effort terminated immediately when the heart slows or if ectopic beats appear.
- The val salva maneuver is the only sanctioned vagal maneuver within the Milwaukee County EMS system.
- Patient's with unstable supraventricular tachycardias (patients who show signs of compromised cardiac output) should be treated with medication or synchronized cardioversion.